

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT / PURCH ORDER NO DAKF11-99-D-0005		2. DELIVERY ORDER NO. 0009		3. DATE OF ORDER 99AUG03		4. REQUISITION / PURCH REQUEST NO. FD2060-9940-1330		5. PRIORITY	
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 MARY ANNE OSBORN S13 (404) 464-4189				7. ADMINISTERED BY (If other than 6) See Block 6		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR Vendor Id: 00002442 STANLEY ASSOCIATES NAME AND ADDRESS 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314				10. DELIVER TO FOB POINT BY (Date) 99SEP14		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED			
12. DISCOUNT TERMS 0% 000 Days Net 030				13. MAIL INVOICES TO See Schedule					
14. SHIP TO SEE SCHEDULE DAKF1199D0005				15. PAYMENT WILL BE MADE BY SEE SCHEDULE EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACTOR ORDER NUMBER	
16. DELIVERY X		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
PURCHASE		Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE 9711X8242MU024F47E8NYEHMU00 503000 DMUD4491876600F0330LS03300 Award Oblig Amt US\$ 4,189.31									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT				
	This is a cost plus fixed fee task order to support Robins AFB MHU-141 munitions trailers. Services include logistical task areas 1 and 2. Performance at San Antinio, TX and Quincy, CA. Performance period: 14 Jul - 13 Sep 99 Contractor shall invoice per schedule.								
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: MARY ANNE OSBORN S13 14 Jul 99		25. TOTAL \$ 4189.31		29. DIFFERENCES			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO.		28. D.O. VOUCHER NO.		30. INITIALS			
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER			
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER						35. BILL OF LADING NO.			
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOT. CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.				